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Excelsior College Examination  
Content Guide for  
**Health Support A:  
Health Promotion & Health Protection  
and  
Health Support B:  
Community Health Nursing  
(Baccalaureate Level)**

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# Important information to help you prepare for the Health Support A: Health Promotion & Health Protection and Health Support B: Community Health Nursing exams

## ■ Uses for the Examinations

Excelsior College, the test developer, recommends granting four (4) semester hours of upper-level undergraduate credit for each Health Support examination to students who receive a letter grade of C or higher. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize these exams as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking either exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

## ■ Examination Length and Scoring

Each examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete each examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

## ■ Examination Administration

Our examinations are administered by computer at Prometric Testing Centers®\* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examinations are also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

## ■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,\* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Excelsior College Web site ([www.excelsior.edu](http://www.excelsior.edu)).

## ■ Warning About Third-Party Services

Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

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## ■ The Health Support Examination Series

Health Support A and Health Support B form a two-examination series. The Health Support A: Health Promotion & Health Protection examination covers foundations for health promotion and protection, growth and development across the life span, strategies to promote and protect health, and health promotion and protection applied to the prenatal period; the infant; the toddler and preschooler; the school-age child; the adolescent; and the young, middle, and older adult. The Health Support B: Community Health Nursing examination covers foundations of community health nursing, community as client, the social/cultural environment, epidemiology, environmental health, vulnerable population groups/populations at risk, community health nursing in specialized settings, and common community health problems.

## ■ Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1991 the term “potential for” was revised to “high risk for.” In 1994, the term was revised to “risk for.” Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

# Health Support A: Health Promotion & Health Protection

## General Description of the Health Support A Examination

The Health Support A: Health Promotion & Health Protection examination measures knowledge and understanding of nursing roles and appropriate nursing action related to health promotion and health protection. Major emphasis is placed on the individual and family as client. The examination measures knowledge and understanding expected of students at the end of a baccalaureate nursing program.

The examination tests the use of the nursing process to support the health of the individual and the family. Emphasis is placed on health promotion interventions and primary prevention intervention. As applied to the individual or family, nursing activities include assessment, health education, health promotion and protection strategies, and risk appraisal and risk reduction strategies. Health promotion and protection is applied to the developmental periods: prenatal; infancy; toddler and preschool age; school age; adolescent; and young, middle, and older adult.

Selected models that can be applied to health promotion and protection give the professional nurse a base of knowledge on which to practice. The models most applicable to the Health Support A examination are Pender’s model for health promotion, Becker’s Health Belief Model, and Bandura’s self-efficacy model. Growth and development is viewed across the life span, based on the theories of Piaget, Erikson, Kohlberg, and Duvall.

## ■ Definitions

The following definitions are used in the content outline for Health Support A: Health Promotion & Health Protection:

### I. Health Promotion and Health Protection

Health promotion is “the science and art of helping people change their lifestyle to move toward a state of optimal health.” (O’Donnell [1987])

Health protection is “activity directed toward decreasing the probability of experiencing health problems by active protection against pathogens or detection of health problems in the asymptomatic stage.” Health protection focuses on avoidance of disease.

Primary prevention includes generalized health promotion as well as specific protection against disease.

Secondary prevention emphasizes early diagnoses and prompt treatment to halt the pathological process, thereby shortening its duration and severity and enabling the individual to return to a state of health at the earliest possible time.

Tertiary prevention stops a disease process and prevents complete disability. It focuses on rehabilitation to obtain optimal level of functioning.

Health risk appraisal is “both a method and tool that describes a person’s chances of becoming ill or dying from a specific disease. It generates a probability, not a diagnosis.”

Edelman, C., & Mandle, C. (1998). *Health promotion throughout the lifespan* (4th ed.). St. Louis: Mosby, pp. 14, 231.

Pender, N. (1996). *Health promotion in nursing practice* (3rd ed.). Stamford, CT: Appleton & Lange, p. 34.

## 2. Nursing Process

The content of many items in this examination is related to a specific stage of the nursing process. The nursing process is perceived as a problem-solving process that is cyclical in nature.

For the purpose of this examination, the stages of the nursing process are defined as follows:

**Assessment** is the process of gathering and organizing data in relation to the client/patient’s health status.

**Analysis** is the process of synthesizing data to identify the client/patient’s actual or potential health problem (nursing diagnosis).

**Planning** is the process of determining the expected outcomes (goals) and formulating specific strategies to achieve the expected outcomes.

**Implementation** is the process of initiating and completing nursing actions/interventions designed to move the client/patient toward expected outcomes related to health promotion, health maintenance, and health restoration.

**Evaluation** is the process of assessing the client/patient’s response to nursing care, including progress toward the expected outcome.

## 3. Client

The examination tests the use of the nursing process to support the health of the individual and family. For the purposes of the examination, these terms are defined as follows:

- 1) An individual is a single human being as contrasted with a family or community.
- 2) A family is “a social system composed of two or more people living together who may be related by blood, marriage, or adoption, or who stay together by mutual agreement. Family members usually share living arrangements, obligations, goals, the continuity of generations, and a sense of belonging and affection.”

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange, p. 392.

## Content Outline

*The major content areas on the examination and the percent of the examination devoted to each content area are listed below.*

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Foundations for Health Promotion and Protection	5%
II. Growth and Development Across the Life Span	5%
III. Strategies to Promote and Protect Health	10%
IV. Health Promotion and Protection Applied to the Prenatal Period (pregnant client, fetus, stages of labor, postpartum client)	10%
V. Health Promotion and Protection Applied to the Infant (neonate to 18 months)	10%
VI. Health Promotion and Protection Applied to the Toddler and Preschooler	10%
VII. Health Promotion and Protection Applied to the School-Age Child	10%
VIII. Health Promotion and Protection Applied to the Adolescent	10%
IX. Health Promotion and Protection Applied to the Young Adult	10%
X. Health Promotion and Protection Applied to the Middle Adult	10%
XI. Health Promotion and Protection Applied to the Older Adult	10%
Total	100%

### **I. Foundations for Health Promotion and Protection**

#### **A. Theoretical foundations**

1. Emerging views of health: actualization, adaptation, high-level wellness, systems, holism
2. Definitions
  - a. Health
    - (1) World Health Organization definition
    - (2) Pender's definition
  - b. Health promotion

#### **c. Health protection**

- (1) Primary prevention
- (2) Secondary prevention
- (3) Tertiary prevention
3. Context of health (for example: culture, environment, socioeconomic status)
4. Selected models applied to health promotion and protection
  - a. Pender's model for health promotion
  - b. Becker's Health Belief Model
  - c. Bandura's self-efficacy model

5. Selected theories applied to the family as client
  - a. Developmental theory (Duvall)
  - b. Systems theory
  - c. Family theories

## **B. Nurse-client relationship**

1. Values clarification
2. Therapeutic use of self
3. The helping relationship

## **C. Relevant ethical issues (for example: confidentiality, promoting individual autonomy, respect for culture)**

## **II. Growth and Development Across the Life Span**

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### **A. Concepts and principles of growth and development**

1. Critical periods
2. Developmental milestones
3. Areas of competency

### **B. Physical development**

1. Physical growth (for example: cephalocaudal; proximodistal; head, trunk, and limb development; neuronal maturation; organ development)
2. Developmental tasks (for example: age-appropriate behavior)

### **C. Cognitive development (Piaget)**

### **D. Psychosocial development (Erikson)**

### **E. Moral development (Kohlberg)**

## **III. Strategies to Promote and Protect Health**

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### **A. Assessment for health promotion and protection (based on the functional health patterns framework)**

1. Individual assessment
  - a. Developmental patterns across the life span (for example: physical patterns; psychosocial patterns; cognitive patterns; pediatric, adult, and geriatric patterns)
  - b. Health perception–health management patterns (for example: individual's assessment of own health, health practices, use of health care providers, economic adequacy, financial limitations, access to care)
  - c. Nutritional-metabolic patterns (for example: eating patterns, importance of food, fluid and electrolyte balance, physiological measures such as height and weight)
  - d. Elimination patterns (for example: bowel and bladder habits)
  - e. Activity-exercise patterns (for example: mobility, physical activity, work/leisure, energy/vitality levels)
  - f. Sleep-rest patterns (for example: chronobiology, timing of sleep, characteristics of sleep, daily rhythms)
  - g. Cognitive-perceptual patterns (for example: ability to learn, memory, problem-solving, visual and hearing acuity)
  - h. Self-perception–self-concept patterns (for example: self-worth, self-esteem, body language)
  - i. Role-relationship patterns (for example: verbal and nonverbal communication, distancing, closeness, interaction with significant others, satisfaction with work and/or parenting, perception of role performance)

- j. Value-belief patterns (for example: religious beliefs, cultural values, recognition of diversity, importance of education)
  - k. Sexuality-reproductive patterns (for example: sexual practices, sexual identification, personal satisfaction, sexual knowledge and attitudes)
  - l. Coping–stress tolerance patterns (for example: level of stress; sources of emotional support; coping with developmental crises; level of dependence on alcohol, caffeine, tobacco, and drugs; personal management of stress)
2. Family assessment
- a. Cross-generational (vertical) transmission patterns (for example: genogram)
  - b. Health-perception–health management patterns (for example: financial status, preference for health care services, health practices)
  - c. Nutritional-metabolic patterns (for example: dietary knowledge, beliefs, and practices; cultural influences; impact of limited income)
  - d. Role-relationship patterns (for example: occupation, level of education, family dynamics, boundaries, family structure, communication patterns, decision making, power and authority, division of labor, relationship with society)
  - e. Value-belief patterns (for example: religious beliefs, cultural values, recognition of diversity, importance of education)
  - f. Sexuality-reproductive patterns (for example: family beliefs about sex education, intimacy, and sexual practices)
  - g. Coping–stress tolerance patterns (for example: grieving, loss, situational crises, relationship between income and perceived needs)

**B. Health education: Teaching and learning (developmental stage, cultural context)**

- 1. Domains of learning
  - a. Cognitive learning
  - b. Affective learning
  - c. Psychomotor learning
- 2. Assumptions about learning
  - a. Client readiness: developmental stage
  - b. Client perceptions
  - c. Educational environment
  - d. Client participation
  - e. Content relevance
  - f. Client satisfaction
  - g. Client application
- 3. The teaching process
  - a. Interaction
  - b. Assessment and diagnosis
  - c. Outcomes
  - d. Planning
  - e. Teaching
  - f. Evaluation
- 4. Teaching methods and tools (for example: lecture, discussion, demonstration, tutorials, role-playing, audio/visual aids, computer-assisted instruction, open forum, mass media, public campaigns)

**C. Health promotion and protection strategies for the individual and family (for example: therapeutic touch, imagery, massage, self-care, values clarification, relaxation techniques, meditation, cognitive therapies, stress management, exercise, weight control, personality development, anticipatory guidance, interpersonal skills, lifestyle behaviors, hygiene practices, immunizations; recommendations of *Healthy People 2000: National Health-Promotion and Disease-Prevention Objectives*)**



D. Risk appraisal strategies for the individual and family (for example: appraisal of health hazards, activities of daily living, psychological factors, abuse, nutrition, exercise, heredity and genetic factors)

E. Risk reduction strategies for the individual and family (for example: contracting, self-monitoring, self-reevaluation, cognitive restructuring, reinforcement management, modeling, counterconditioning, stimulus control)

#### **IV. Health Promotion and Protection Applied to the Prenatal Period (pregnant client, fetus, stages of labor, postpartum client)**

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##### **A. Health promotion**

1. Nutritional needs (for example: nutritional needs of the pregnant woman, maternal body weight, vitamin and mineral supplements, sociocultural and financial influences on diet)
2. Anticipatory guidance/education for the client and family (for example: preconception counseling; birthing alternatives; bonding; childbirth and parenting education [for example: stages of labor, fetal development]; physiological changes of pregnancy [for example: increase in urination, musculoskeletal changes]; psychosocial changes of pregnancy [for example: body image and self-concept changes, role changes, fantasies and fears about the child, attitudes toward breast-feeding]; sibling preparation; counseling to prevent constipation and urinary tract infections; exercise; body mechanics; need for rest and sleep; work patterns; Women, Infants, and Children (WIC) program; cultural beliefs about birth and childrearing; identification of support systems)

##### **B. Health protection**

1. Risk appraisal: screening techniques (for example: amniocentesis, ultrasound, glucose monitoring, weight, blood pressure, postpartum depression, exposure to environmental hazards, substance use, role/relationship changes, potential for domestic violence)
2. Common health problems (for example: depression, iron deficiency anemia, circulatory problems)

#### **V. Health Promotion and Protection Applied to the Infant (neonate to 18 months)**

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##### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, weaning, introduction of solid foods and new foods, fluoride supplements, sociocultural and financial influences on diet)
2. Anticipatory guidance/education for the individual and family (for example: bonding and attachment; nursing and weaning; anticipating needs; opportunities for stimulation, play, and exploration; developmental tasks; safety counseling [accidents, falls, poisoning, aspiration, abuse]; changing sleep and rest patterns; teething; prevention of nursing caries; encouraging speech development; sun protection; selection of day care)

##### **B. Health protection**

1. Risk appraisal: screening techniques (for example: phenylketonuria testing [PKU], Denver Developmental Screening Test [DDST], tuberculin skin testing, HIV screening, appraisal for abuse)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)

3. Common health problems (for example: ear infections, iron deficiency anemia, colic, fever, diarrhea, food intolerances, allergies, eczema, diaper rash)

## **VI. Health Promotion and Protection Applied to the Toddler and Preschooler**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, self-feeding, serving size, finger foods, ritualistic food behaviors)
2. Anticipatory guidance/education for the individual and family (for example: counseling on physiologic anorexia; dental care; play; discipline and limit setting; counseling on safety, including automobile safety [airbags and car seats]; protective gear; childproofing; lead poisoning; toilet training; speech development; sibling rivalry; masturbation [preschooler]; bedtime rituals; sex education; childhood fears)

### **B. Health protection**

1. Risk appraisal: screening techniques (for example: screening for lead levels and anemias, vision and hearing screening, developmental screening, screening for abuse)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)
3. Common health problems (for example: anemia, upper respiratory infections, ear infections, parasitic infections, poisoning, sleep disturbances, strabismus, communicable diseases, speech problems, temper tantrums)

## **VII. Health Promotion and Protection Applied to the School-Age Child**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, nutritional habits)
2. Anticipatory guidance/education for the individual and family (for example: nutrition; self-care [personal hygiene; dental health; exercise and physical fitness; drug, tobacco, and alcohol use]; discipline and limit setting; accident prevention [bicycles, water, firearms, recreational vehicles]; sexuality and sexual development; AIDS education; risk-taking behaviors; peer influences; monitoring activities [including television]; building self-esteem; impact of loss through death or separation; labeling/taunting; children who care for themselves after school)

### **B. Health protection**

1. Risk appraisal: screening techniques (for example: vision and hearing screening; screening for learning disabilities, high blood pressure, lipid profile, scoliosis)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)
3. Common health problems (for example: obesity, attention-deficit hyperactivity disorder [ADHD], sports injuries, enuresis, stress, school phobia, pediculosis)

## **VIII. Health Promotion and Protection Applied to the Adolescent**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, increased calories related to growth and activity, increased calcium intake)
2. Anticipatory guidance/education for the individual and family (for example: physical and emotional changes; erratic eating habits, including snacking and irregular mealtimes, low calcium intake, and high-fat foods; hearing protection; sun protection; motor vehicle safety; risk-taking behaviors; peer pressure; responsible decision making; sex education; sexual identification; maintaining good parental relationships; implications of parenthood)

### **B. Health protection**

1. Risk appraisal: screening techniques (for example: hearing screening, screening for hepatitis, breast self-examination and testicular self-examination, Pap smears for sexually active females, tuberculosis screening, screening for depression and suicidal ideation)
2. Immunizations (according to recommended guidelines)
3. Common health problems (for example: eating disorders [anorexia, bulimia]; sexually transmitted diseases [STDs]; abusive relationships; substance abuse [drugs, alcohol, tobacco]; accidents; sports injuries; stress; acne)

## **IX. Health Promotion and Protection Applied to the Young Adult**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances)
2. Anticipatory guidance/education for the individual and family (for example: relaxation techniques; establishing healthy lifestyle patterns, healthy interpersonal and role relationships, and independence from family of origin; career direction; readiness for parenting; occupational health hazards such as repetitive motion disorders; implications of technology; body mechanics)

### **B. Health protection**

1. Risk appraisal: screening techniques (for example: breast self-examination and testicular self-examination; screening for hypertension, tuberculosis, lipid profile, and cervical cancer; establishing baseline Pap smears)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)
3. Common health problems (for example: high-risk behaviors, substance abuse [drugs, alcohol, tobacco], reckless driving, sexually transmitted diseases [STDs], partner abuse, impaired fertility)

## **X. Health Promotion and Protection Applied to the Middle Adult**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, decreased sodium intake, decrease in saturated fats)
2. Anticipatory guidance/education for the individual and family (for example: exercise, stress reduction techniques, satisfying social relationships, preventive health screening, dietary counseling, menopause, osteoporosis, hormone replacement therapy, grief and grieving counseling, preparation for retirement, acceptance of aging)

### **B. Health protection**

1. Risk appraisal: screening techniques (for example: Pap smears; mammograms; screening for hypertension, lipid profile, hyperglycemia, ovarian cancer, uterine cancer, prostate cancer, colorectal cancer, and skin cancer; establishing baseline EKG; tuberculosis screening)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)
3. Common health problems (for example: obesity, presbyopia, gingivitis, stress incontinence, delayed parenting and impaired fertility, sexually transmitted diseases [STDs], problems resulting from multigenerational caregiving responsibilities)

## **XI. Health Promotion and Protection Applied to the Older Adult**

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### **A. Health promotion**

1. Nutritional needs (for example: recommended daily allowances, increase in complex carbohydrates, reduced fats and refined sugars, decreased intake of highly processed foods)
2. Anticipatory guidance for the individual and family (for example: available community resources, physiological and psychological changes related to aging, exercise counseling, need for continued mental stimulation, accident prevention, counseling on over-the-counter and prescribed medications, loss, sources of social support, counseling on advance directives [living will, durable power of attorney])

### **B. Health Protection**

1. Risk appraisal: screening techniques (for example: need for continued cancer screening [for example: skin, prostate, colon], vision and hearing screening, screening for malnutrition, screening for depression)
2. Immunizations (for example: recommended schedule and guidelines, precautions, contraindications)
3. Common health problems (for example: reduced mobility, decreased activities of daily living, glaucoma, sensory loss, presbycusis, poor nutrition, noncompliance with medications, incontinence, constipation, social isolation, depression, alcoholism)

## Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on page 17.

1. A client reports episodes of binge drinking to the nurse. The client refuses to share this information with the doctor. Which ethical belief reflecting individualism is consistent with the client's behavior?  
The client
  - 1) is concerned about confidentiality.
  - 2) equates binge drinking to active euthanasia.
  - 3) values quality of life over quantity of life.
  - 4) values lifestyle, personal freedom, and independence.
2. At Kohlberg's preconventional level of moral development, a child can be expected to obey on what basis?
  - 1) loyalty to family
  - 2) fear of punishment
  - 3) the need to be a good child
  - 4) the desire to follow the "golden rule"
3. The nurse is planning additional teaching for a parent who complains that her toddler urinates in his diaper after she takes him off the toilet. Which information is most important for the nurse to include in the teaching?
  - 1) Practice sessions limited to 15 minutes are helpful.
  - 2) It is important to tell the toddler that his behavior is unacceptable.
  - 3) The toddler's demonstrated ambivalence is a predictor of future behavioral problems.
  - 4) The average age of successful completion of toilet training is between two and three years of age.
4. Which is the best strategy for the nurse to use when a pregnant client says that some of the childbearing ideas of her culture are old-fashioned?
  - 1) Encourage the client to abide by the cultural practices to avoid conflict.
  - 2) Follow the client's need and agree with her.
  - 3) Assess how the client's family feels about maintaining cultural rituals.
  - 4) Allow the client to express her annoyance about cultural restrictions.
5. Which instruction is most important for the nurse to include when providing anticipatory guidance to a pregnant client who complains of leg cramps?
  - 1) Restrict milk intake to 8 ounces per day.
  - 2) Practice dorsiflexion.
  - 3) Practice toe pointing when exercising.
  - 4) Avoid the use of aluminum hydroxide antacids.
6. A mother brings her four-year-old child to the clinic for routine immunizations. The mother tells the nurse that her 12-year-old child is taking immunosuppressants and asks the nurse which vaccine would be safe to give the four year old at this time. The nurse should tell the mother that the four year old will be given which immunization?
  - 1) DTP
  - 2) HBV
  - 3) MMR
  - 4) TOPV

7. During a home visit, the nurse observes a neonate crying for five minutes. Which response should the nurse give to the parent's inquiry about why the infant is crying?
  - 1) Crying is the infant's first means of verbal communication.
  - 2) In the first few weeks of life, crying is mostly related to expanding lung development.
  - 3) Unexplained fussiness and crying is the first sign of a problem.
  - 4) Periods of infant crying usually peak at one month of age.
8. The nurse is teaching the parent of a two-year-old child about dental health. Which comment by the parent indicates that additional teaching is needed?
  - 1) "I put my child to bed with a bottle filled with plain water."
  - 2) "Our water is adequately fluoridated, so I do not give my child oral fluoride supplements."
  - 3) "My child brushes her own teeth independently every day, morning and night."
  - 4) "I give my child one cookie a day after she has her lunch."
9. During a meeting with parents of school-age children, a parent asks the nurse about selecting an appropriate activity for an 11-year-old child. The nurse's response should be based upon which developmental understanding?
  - 1) Games with rules allow children to develop proficiency and power over their play.
  - 2) Team play provides exercise and muscle development without the concern for competition.
  - 3) Children at this age become easily bored with hobbies or activities that are complex.
  - 4) Creative activities and organizing elaborate collections are becoming less interesting at this time.
10. The camp nurse is assessing a light-skinned eight-year-old child. Which finding on the child's skin should lead the nurse to suspect that the child may have Lyme disease?
  - 1) several red ring-shaped lesions on the thigh
  - 2) isolated skin-colored vesicles on the forearm and ankles
  - 3) raised track-like burrowing lesions on the lower legs
  - 4) multiple scattered pink papules on the palms and soles
11. Which nursing intervention should be given priority in the plan of care for an adolescent experiencing tension due to strict family rules?
  - 1) Tell the parents to explain the rules to the adolescent, but to remain firm in limit setting.
  - 2) Encourage the adolescent to spend some time each day exercising to reduce stress.
  - 3) Tell the adolescent to demonstrate responsibility by obtaining employment.
  - 4) Discuss stressors with the family and work out how power struggles can be negotiated.
12. During a behavioral health history, a young adult client reports that seat belts only need to be worn on trips greater than five miles. Which initial nursing strategy is consistent with Pender's Health Promotion Model?
  - 1) Collect information about the client's perceptions of the benefits and the barriers to seat belt use.
  - 2) Explain that better use of automobile restraint systems has contributed to a 40 percent decline in the fatality rate for persons 15 to 24 years old.
  - 3) Emphasize that failure to wear a seat belt may result in a traffic citation in 48 states.
  - 4) Discuss with the client the fact that people are most likely to have an accident within five miles of their home.

13. Which nursing strategy for a young adult female client is aimed at preventing the development of osteoporosis later in life?
  - 1) Instruct the client to obtain daily calcium requirements from dairy products.
  - 2) Recommend that a baseline bone density test be performed while the client is a young adult.
  - 3) Advise the client to maintain a daily calcium intake of at least 1,200 mg.
  - 4) Recommend daily consumption of green leafy vegetables and citrus fruits.
14. Which outcome indicates that the nurse's teaching about prostate cancer to a 45-year-old client has been successful?  
The client
  - 1) agrees to have a prostate-specific antigen (PSA) test.
  - 2) agrees to begin annual digital rectal examinations (DREs).
  - 3) says he has had a negative transrectal ultrasound (TRUS) and is now safe.
  - 4) says he will see his doctor should symptoms of prostate cancer appear.
15. In performing an initial assessment of a middle-aged couple experiencing a lifestyle crisis, the nurse should recognize that this couple are probably in which of Erikson's developmental stages?
  - 1) ego integrity vs. despair
  - 2) generativity vs. stagnation
  - 3) identity vs. role confusion
  - 4) intimacy vs. isolation
16. A 72-year-old woman confides to the nurse that she is still sexually active. Which information is most important for the nurse to obtain?
  - 1) frequency of the client's sexual contact
  - 2) client's use of proper precautions against STDs
  - 3) problems the client may have with physiological changes
  - 4) how many sexual partners the client has
17. Which information reported by an older adult client indicates that the nurse's teaching about decreased sensation to temperature has been successful?
  - 1) "I bathe or shower only when other family members are at home."
  - 2) "I use oven mitts instead of a dish towel for removing hot items from the oven."
  - 3) "I apply skin lotion to my hands and arms at least three times each day."
  - 4) "I have my water heater set at 130° F."
18. An older adult client whose spouse has just died says, "I've no reason to go on living." Which nursing intervention is most appropriate?
  - 1) Offer to call the client's family.
  - 2) Plan specific activities to keep the client busy.
  - 3) Assist the client to see a mental health professional.
  - 4) Reminisce about the client's accomplishments.

## Learning Resources for Health Support A

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 18. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

### Recommended Resources

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange.

This text provides a thorough introduction to community health nursing and aspects of this practice specialty. This book also provides a summary listing of the national health objectives that have been specified for the year 2000. A computer disk is provided as a study aid.

Edelman, C., & Mandle, C. (1998). *Health promotion throughout the lifespan* (4th ed.). St. Louis: Mosby.

This text is based on the *Healthy People 2000* goals, objectives, and strategies. It provides a developmental approach to health data and includes nursing interventions at the primary (health promotion and specific protection) and secondary levels of prevention. This text is also used for the Excelsior College Examination in Health Support B: Community Health Nursing and for the Health Assessment and Teaching Performance Examination (HATPE).

Haber, J. et al. (1997). *Comprehensive psychiatric nursing* (5th ed.). St. Louis: Mosby.

This text covers theoretical and therapeutic foundations and the psychiatric client, and has a limited mental health focus. It provides adequate coverage of family and group and has a limited community focus. DSM-IV is integrated throughout the clinical chapters. Study aids include objectives and key terms at the beginning of chapters, key terms italicized, and key points highlighted at the end of chapters.

Olds, S., London, M., & Ladewig, P. (1996). *Maternal newborn nursing: A family-centered approach* (5th ed.). Menlo Park, CA: Addison-Wesley.

This textbook covers theoretical and therapeutic nursing foundations in the care of the childbearing woman and her family. It provides broad coverage of

family needs within the context of normal as well as abnormal adaptation. Critical-thinking scenarios provide practice with decision-making criteria in commonly occurring practice situations. Key terms and points are highlighted throughout the text. A workbook that provides review exercises is available.

Pender, N. (1996). *Health promotion in nursing practice* (3rd ed.). Norwalk, CT: Appleton & Lange.

This textbook discusses the various definitions and models of health, along with related research findings. Strategies for developing health promotion plans for individuals and families are discussed, including interventions promoting healthy behaviors. Approaches for developing and maintaining a healthy society are also analyzed.

Smeltzer, S., & Bare, B. (1996). *Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.). Philadelphia: J.B. Lippincott.

This textbook makes extensive use of diagrams, tables, photographs, charts, and nursing care plans to present information. Each chapter begins with learning objectives and ends with critical-thinking activities and a bibliography. Many color photographs are included. The textbook includes a free self-study disk that contains sample test questions along with rationales for the correct answer.

Wong, D. (1999). *Whaley & Wong's Nursing care of infants and children* (6th ed.). St. Louis: Mosby.

This textbook covers theoretical and therapeutic interventions for the child within the context of normal growth and development and family interaction, as well as deviations from normal system functioning. The text provides broad coverage of individual, family, and community influences on health/illness states. Key terms are highlighted throughout the text. A study guide is available.



## Journal Articles

The articles listed below are arranged according to the content area to which they most apply. You are encouraged to read widely and review other articles of interest.

### Strategies to Promote and Protect Health

- Breslow, L. (1996). Social ecological strategies for promoting healthy lifestyles. *American Journal of Health Promotion, 10*(4), 253–257.
- Sharp, P.C. (1998). Working with lay health educators in a rural cancer prevention program. *American Journal of Health Behavior, 22*(1), 28–36.

### Health Promotion and Protection: Prenatal Period

- Barnett, E. (1995). Race differences in the proportion of low birth weight attributable to maternal cigarette smoking in a low-income population. *American Journal of Health Promotion, 10*(2), 105–110.
- Frede, D.J., & Strohbach, M.E. (1992). The state of preconceptional health education. *Journal of Perinatal Education, 1*(2), 19–26.

### Health Promotion and Protection: The Infant

- Biestler, D.J. (1994). Bright futures...recommendations by Bright futures: Guidelines for health supervision of infants, children and adolescents. *Journal of Pediatric Nursing, 10*(4), 264–265.

### Health Promotion and Protection: The Toddler and Preschooler

- Cagle, C.S., & Keen-Payne, R. (1996). Health promotion teaching in preschools. *American Journal of Maternal-Child Nursing, 21*(2), 96–99.
- Ullione, M.S., & Donovan, E. (1996). Nursing in Project Head Start: Improving health. *Issues in Comprehensive Pediatric Nursing, 19*(4), 227–237.
- Finan, S.L. (1997). Promoting healthy sexuality: Guidelines for infancy through preschool. *Nurse Practitioner: American Journal of Primary Health Care, 22*(10), 79–80, 83–84, 86.

### Health Promotion and Protection: The School-Age Child

- Coppens, N.M., & McCabe, B.M. (1995). Promoting children's use of bicycle helmets. *Journal of Pediatric Health Care, 9*(2), 51–58.
- Davis, S.M., Lambert, L.C., Gomez, Y., & Skipper, B. (1995). Southwest cardiovascular curriculum project: Study findings for American Indian elementary students. *Journal of Health Education, 26*(2), Supplement S72–81.
- Finan, S.L. (1997). Promoting healthy sexuality: Guidelines for the school-age child and adolescent. *Nurse Practitioner: American Journal of Primary Health Care, 22*(11), 62, 65–67, 71–72.
- Stewart, K.J. (1995). Heart healthy knowledge, food patterns, fatness, and cardiac risk factors in children receiving nutrition education. *Journal of Health Education, 26*(6).

### Health Promotion and Protection: The Adolescent

- Allensworth, D.D., & Bradley, B. (1996). Guidelines for adolescent preventive services: A role for the school nurse. *Journal of School Health*, 66(8), 281–285.
- CDC's guidelines for school and community programs; promoting lifelong physical activity. (1997) *United States Department of Health and Human Services Publications* (6 p.).
- Ervin, M.H. (1998). Teaching self-care to delinquent adolescents. *Journal of Pediatric Health Care*, 12(1), 20–26.
- Levenburg, P.B. (1998). GAPS: An opportunity for nurse practitioners to promote the health of adolescents through clinical preventive services. *Journal of Pediatric Health Care*, 12(1), 2–9.
- Story, M., & Alton, I. (1996). Adolescent nutrition: Current trends and critical issues. *Topics in Clinical Nutrition*, 11(3), 56–69.

### Health Promotion and Protection: The Young Adult

- Beitz, J.M. (1998). Sexual health promotion in adolescents and young adults: Primary prevention strategies. *Holistic Nursing Practice*, 12(2), 27–37.
- Grace, T.W. (1998). Health problems of late adolescence. *Primary Care: Clinics in Office Practice*, 25(1), 237–252.
- Standards for adult immunization practice. (1993). *American Journal of Infection Control*, 21(6), 331–332.

### Health Promotion and Protection: The Middle Adult

- Browder, S.E. (1998). Attention, women over 50! The 3 health problems you have most to fear...and what to do now. *New Choices: Living Even Better After 50*, 38(1), 20–21, 25–26.
- Flowers, J.S., & McLean, J.E. (1996). Psychometric studies of the Flowers Midlife Health Questionnaire [sic] (FMHQ) for women. *Journal of Nursing Science*, 1(3/4), 115–126.

### Health Promotion and Protection: The Older Adult

- Barry, R., & Burggraf, V. (1996). Healthy people: Objectives look at the elderly. *Journal of Gerontological Nursing*, 22(10), 9–11.
- Chen, Y.D. (1996). Conformity with nature: A theory of Chinese American elders' health promotion and illness prevention processes. *Advances in Nursing Science*, 19(2), 17–26.
- Pizzi, E.R., & Wolf, Z.R. (1998). Health risks and health promotion for older women: Utility of a health promotion diary. *Holistic Nursing Practice*, 12(2), 62–72.
- Rubenstein, L.Z., & Nahas, R. (1998). Primary and secondary prevention strategies in the older adult. *Geriatric Nursing: American Journal of Care for the Aging*, 19(1), 11–18, 28.
- Williams, M.P. (1996). Increasing participation in health promotion among older African-Americans. *American Journal of Health Behavior*, 20(6), 389–399, 440–441.
- Zhan, L., Cloutterbuck, J., Keshian, J., & Lombardi, L. (1998). Promoting health: Perspectives from ethnic elderly women. *Journal of Community Health Nursing*, 15(1), 31–44.

## Excelsior College Examination Development Committee in Health Support A: Health Promotion & Health Protection

Anne Doyle, MSN, RN (Hunter College, Psychiatric/Mental Health Nursing, 1969)  
Retired from City College, City University of New York

Gloria Gelmann, EdD, RN (Columbia University, Family and Community Education, 1982)  
Associate Professor of Nursing, Seton Hall University

Glenda Kelman, PhD, RN (New York University, Nursing Theory and Research, 1997)  
Associate Professor of Nursing, Russell Sage College

Barbara Pieper, PhD, RN (Adelphi University, Community Health Teaching, 1992)  
Associate Professor of Nursing, Russell Sage College

### Key To Sample Questions

Question	Key	Content Area <sup>1</sup>	Question	Key	Content Area <sup>1</sup>
1	4	IC	10	1	VIIIB
2	2	IIE	11	4	VIIA
3	4	IIB	12	1	IXB
4	4	IVA	13	3	IXB
5	2	IVA	14	1	XB
6	1	VB	15	2	XA
7	1	VA	16	2	XIA
8	3	VIA	17	2	XIB
9	1	VIIA	18	3	XIB

<sup>1</sup>Content Area refers to the location of the question topic in the content outline.

# Learning Resources help you prepare

Once you've selected the exams that are right for you, Excelsior College offers a number of resources to help you prepare for the exams.

■ **The Excelsior College Bookstore** is accessible by phone and the Internet. This is where you will find the *Official Study Guide*, Guided Learning Packages, textbooks recommended for further study, and more.

The **Excelsior College Bookstore** stocks the current editions of recommended textbooks for *all* examinations. In some cases, current editions will be more recent than those listed in this content guide. The Bookstore also offers resources in areas such as study strategies, personal planning, and stress reduction.

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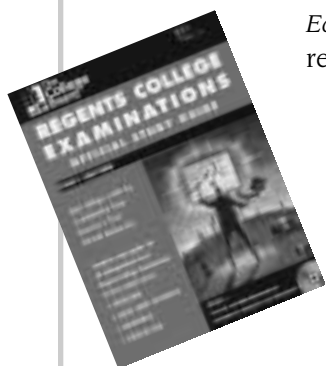
Be sure to allow sufficient time to obtain resources and to study before taking the examination.

■ **The Regents College Examinations Official Study Guide, 2001 Edition—Now the best resource for Excelsior College Examinations.**

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■ **Comprehensive Guided Learning Packages** provide thorough, integrated learning resources to assist you in preparing for many Excelsior College Examinations. These Guided Learning Packages contain textbook(s) and associated materials selected by faculty and distance learning specialists to help you learn content covered by the examination. Most of the Packages include a Course Guide that leads you through the study materials with questions, commentary, and examples correlated with each section of the content outline.

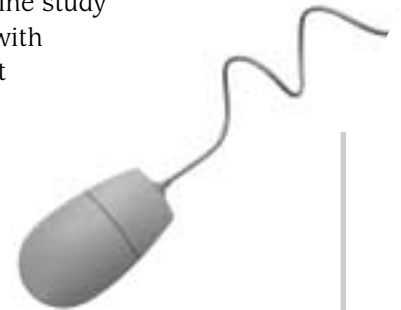
■ **Free Content Guides** like this one can be downloaded from our Web site at [www.excelsior.edu](http://www.excelsior.edu). You can also request them by phone at **888-72EXAMS (888-723-9267)**.

## *Online Resources Available too!*

■ **Electronic Peer Network (EPN)** is a Web-based environment that enables enrolled Excelsior College students to interact academically and socially. As an EPN member, you will be able to locate a study partner, chat in real time with other students, and access other resources that may help you study for Excelsior College Examinations. Enrolled students can join the EPN by visiting the Excelsior College home page at [www.excelsior.edu](http://www.excelsior.edu) and clicking on Electronic Peer Network or by connecting directly to the EPN homepage at [GL.excelsior.edu](http://GL.excelsior.edu).

■ **Online Study Services** provide students with an opportunity to obtain help from a subject matter expert and others studying the same subject. Online study services are currently available on a fee-for-service basis to assist you with writing and statistics. Please email requests for more information about these services to the appropriate address: [write@excelsior.edu](mailto:write@excelsior.edu) or [stats@excelsior.edu](mailto:stats@excelsior.edu) or call **Learning Services** at **888-647-2388** (press 1-4-4 at the greeting). If you have suggestions for new online study services, please send an email to [learn@excelsior.edu](mailto:learn@excelsior.edu).

■ **The Excelsior College Virtual Library (ECVL)** is an online library designed for distance learners. The ECVL ([www.library.excelsior.edu](http://www.library.excelsior.edu)) provides access to a variety of resources such as journal articles, books, Web sites, databases, and reference services. These resources can help you prepare for Excelsior College Examinations. Some library services are restricted to enrolled students. To access the ECVL, visit the Excelsior College home page.



# Health Support B: Community Health Nursing

## General Description of the Health Support B: Community Health Nursing Examination

The Excelsior College Examination in Health Support B: Community Health Nursing measures knowledge and understanding of community health nursing practice. The goal of community health nursing is to improve the health of the community. The nurse accomplishes this goal by working with individuals, families, and population groups within the community.

The examination tests the knowledge base that is essential for community health nursing practice at the baccalaureate level. The nursing process serves as the framework for the provision of nursing care to clients with commonly encountered health problems. Emphasis is placed on the secondary and tertiary prevention aspects of health promotion. Nursing activities include advocacy, counseling, case finding, health teaching, screening, and discharge planning.

### ■ Definitions

The following definitions are used in the content outline for Health Support B: Community Health Nursing:

#### I. Nursing Process

The content of many items in this examination is related to a specific stage of the nursing process. In the appropriate content areas, these steps are part of the content outline. The nursing process is perceived as a problem-solving process that is cyclical in nature. For the purpose of this examination, the stages of the nursing process are defined as follows:

**Assessment** is the process of gathering and organizing data in relation to the client/patient's health status.

**Analysis** is the process of synthesizing data to identify the client/patient's actual or potential health problem (nursing diagnosis).

**Planning** is the process of determining the expected outcomes (goals) and formulating specific strategies to achieve the expected outcomes.

**Implementation** is the process of initiating and completing nursing actions/interventions designed to move the client/patient toward expected outcomes related to health promotion, health maintenance, and health restoration.

**Evaluation** is the process of assessing the client/patient's response to nursing care, including progress toward the expected outcome.

#### 2. Client

In community health nursing, the client may be an individual, a family, or groups within the community. For the purposes of the examination, these are defined as follows:

- 1) An individual is a single human being as contrasted with a family or community.
- 2) A family is "a social system composed of two or more people living together who may be related by blood, marriage, or adoption, or who stay together by mutual agreement. Family members usually share living arrangements, obligations, goals, the continuity of generations, and a sense of belonging and affection."

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange, p. 392.

- 3) A community is "a group of people who share some type of bond, who interact with each other, and who function collectively regarding common concerns."

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange, p. 5.

## Content Outline

*The major content areas on the examination and the percent of the examination devoted to each content area are listed below.*

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Foundations of Community Health Nursing	15%
II. Community as Client	20%
III. The Social/Cultural Environment	10%
IV. Epidemiology	15%
V. Environmental Health	10%
VI. Community Health Nursing in Specialized Settings	10%
VII. Common Community Health Problems/ Populations at Risk	20%
Total	100%

### I. Foundations of Community Health Nursing

#### A. Theoretical foundations for community health nursing

##### 1. Definitions

- a. Community — compare and contrast with aggregates
- b. Community health nursing — health promotion, health of the general public, autonomy, continuity, collaboration, public accountability
- c. Public health nursing — provides care to individuals, families with community focus
- d. Home health nursing — primary focus is illness, care of individuals or aggregates
- e. Health promotion — activities designed to improve or maintain the health status of individuals, families, and communities (for example: school health programs, senior citizen programs, day-care programs, parenting programs, substance abuse education)

##### f. Levels of prevention

- (1) Primary prevention — actions taken to prevent the occurrence of health problems: health promotion, risk identification, and specific protection
- (2) Secondary prevention — the early identification and treatment of specific health problems, early diagnosis, screening, prompt treatment, disability limitation
- (3) Tertiary prevention — activities aimed at returning the client to the highest level of function possible following the correction of a health problem: rehabilitation, prevention of recurrences

##### g. Epidemiology — study of health and illness patterns and determinants in populations

2. Attributes of community health nursing (for example: population focus, family as a unit of care, community as client, orientation to health, interactivity, autonomy, collaboration, advocacy, accountability, continuity, sphere of intimacy)

3. *ANA Standards of Community Health Nursing Practice*: principles of nursing applied to community health nursing that were developed by the profession and are used to evaluate the quality of care

**B. Historical foundations for community health nursing**

1. Historical roots (for example: Code of Hammurabi, early Greece and Rome)
2. Influences of religious groups (for example: Hebrew Mosaic law, early Christianity through the Renaissance, religious orders)
3. Revolution — wars, Industrial Revolution
4. Development and evolution of community health nursing in the United States (for example: organizations, public health movement, legislation)
5. Leaders (for example: Florence Nightingale, Lillian Wald, Margaret Sanger)

**C. The nurse-client relationship**

1. Values clarification
  - a. Clarification of the nurse's personal values: method to seek awareness of one's own principles, standards which guide life
  - b. Clarification of the client's values (for example: understanding of client's meaning of health and illness care)
  - c. Identification of the potential for conflicting values (for example: how particular value affects health, self-awareness, openness to others, acceptance of differences)
2. Therapeutic use of self (for example: negotiating, promoting community autonomy)
3. The helping relationship (for example: caregiver, educator, advocate)

4. Cultural competence — includes awareness of own values, knowledge and understanding of client's culture, acceptance and respect of cultural differences, and adapting care to be congruent with client's culture

**D. Nursing roles and practice strategies in community health nursing**

1. Roles and functions of the community health nurse
  - a. Client-oriented roles (caregiver, educator, counselor, referral resource, role model, advocate, primary care provider, case manager)
  - b. Delivery-oriented roles (coordinator, collaborator, liaison, discharge planner)
  - c. Group-oriented roles (case finder, leader, change agent, community care agent, researcher)
2. The home visit
  - a. Assessment of the client and environmental parameters (preparatory assessment prior to visit; client factors of biology; physical, psychological, and social environments; lifestyle)
  - b. Analysis (diagnosis) — generation of positive, health promotive, or problem-focused diagnoses
  - c. Planning (for example: preparing for the visit, collaborating with the client to prioritize needs, reviewing previous interventions, prioritizing client needs, developing goals and objectives, acceptance and timing, selecting interventions, gathering materials, planning for evaluation)
  - d. Implementation (for example: teaching, validation of assessment and diagnoses, implementing interventions, dealing with distracting factors)
  - e. Evaluation (review for possible modifications in subsequent home visits)



- f. Documentation and reimbursement (documentation of client's status, nursing interventions, and their effectiveness that is usually necessary for reimbursement)
- 3. Discharge planning (purposes and advantages)
  - a. Assessment (determine need for routine vs. detailed discharge plans based on potential risk for complications)
  - b. Analysis (diagnosis) — develop problem-focused and wellness-oriented nursing diagnoses
  - c. Planning — prioritize needs with client and develop plans to meet them
  - d. Implementation — communicate with other health care providers
  - e. Evaluation (for modification depending on success of meeting client goals and objectives)
- 4. The referral process (purposes and advantages)
  - a. Assessment (determine which client needs cannot be met by community health nurse, assess for client acceptability, eligibility, situational restraints, availability)
  - b. Analysis (diagnosis) — develop diagnoses
  - c. Planning (for example: using community resources, identifying goals and objectives, using results of assessment data)
  - d. Implementation — provide client with all relevant data, assist client to initiate referral, provide resource information to referral agency
  - e. Evaluation (follow up on client's use of and benefit from referral)

**E. Ethical issues relevant to community health nursing (for example: social justice, access, individual vs. societal good, resource allocation)**

**F. The organization of community health care**

- 1. National (for example: U.S. Public Health Service, Department of Health and Human Services, Medicare, Medicaid, Tax Equity and Fiscal Responsibility Act, American Public Health Association)
- 2. State (for example: state health departments, bureaus of vital statistics)
- 3. Local (for example: city and county health departments, direct-care community agencies [for example: visiting nurses, voluntary agencies])

**G. Global issues relevant to community health nursing (for example: World Health Organization [WHO], free enterprise vs. welfare systems, pandemics, epidemics, famines, environmental issues, international travel, food distribution, water safety)**

## **II. Community as Client**

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**A. Community assessment**

- 1. Definition of community assessment: process by which data is collected about the health status of a community and health problems are identified
- 2. Types of communities (for example: geopolitical communities, communities of solution, communities of problem ecology, communities of interest-orientation)
- 3. Sources of information (for example: census information, mortality rates, morbidity rates, key informants, voluntary agencies)
- 4. Factors that influence community health: biology, environment, lifestyle, the health care system
- 5. Methods of community assessment (for example: windshield survey, use of statistics, interviewing key informants, participant observation)

- B. Analysis (diagnosis) (for example: violence, adolescent pregnancy, infant mortality, environmental hazards, mental health problems, older adults in the community)
- C. Planning (general principles, types, process)
  - 1. Identifying populations at risk (for example: violence, adolescent pregnancy, infant mortality, environmental hazards, mental health problems, older adults in the community)
  - 2. Collaboration among agencies (for example: access to health services, acceptability)
  - 3. Setting priorities (that is, need-service mismatch, severity of problem, concern of community, resources)
- D. Implementation
  - 1. Acceptance of the plan (by policy makers, by implementers, by target group)
  - 2. Tasks (that is, determination of tasks and sequencing, skills needed to implement plan, task allocation)
  - 3. Strategies (for example: assigning responsibility, coordination, keeping group informed of progress)
- E. Evaluation
  - 1. Outcomes — evaluation process that documents effects of program and justifies whether to continue program
  - 2. Process — examines program performance in terms of efficiency, effort

### **III. The Social/Cultural Environment**

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- A. Relationship between culture and health (for example: health care beliefs, dietary practices, life events, health care practitioners, cultural beliefs and practices related to diagnosis and treatment of illness)
- B. Nursing responses to clients from other cultures
  - 1. Positive responses (for example: cultural sensitivity, cultural competence)
  - 2. Negative responses (for example: ethnocentrism, racism)
- C. Nursing process
  - 1. Assessment (for example: communication, family roles and organization, biocultural ecology, nutrition, death rituals, health care practices)
  - 2. Analysis (diagnosis) (for example: decreased clinic attendance related to need to involve folk healers in health care)
  - 3. Planning (for example: mutual goal setting involving decision makers in family)
  - 4. Implementation (for example: use of folk healers, folk practices)
  - 5. Evaluation (for example: determination of acceptability and use of health care)

### **IV. Epidemiology**

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- A. Basic concepts of epidemiology
  - 1. Causality (for example: theories of disease causation, criteria for causality)
  - 2. Risk (for example: susceptibility, exposure potential, relative risk ratio, target groups)
  - 3. Rates — mortality (such as crude death rate and age-specific death rates); morbidity (such as incidence and prevalence)

## B. Epidemiological models

1. Epidemiologic triad model (that is: host/agent/environment)
2. The web of causation (that is: interplay of multiple factors on development of a health problem)
3. Dever's model (that is: human biology, environment, lifestyle, health care system)

## C. The epidemiological process

1. Natural history of disease — preexposure, preclinical, clinical, and resolution stages
2. Levels of prevention — primary, secondary, tertiary
3. Screening — methods that detect abnormal findings to be confirmed by further diagnostic work (for example: vision, hearing, scoliosis)

## D. Types of epidemiological investigation

1. Descriptive — distribution by person, place, and time
2. Analytic — factors contributing to health status to identify cause
  - a. Hypothesis generating — ecological and correlational studies
  - b. Hypothesis testing
    - (1) Observational — retrospective, prospective, cross-sectional
    - (2) Experimental — application of an intervention in prophylactic or therapeutic trials

2. Biological hazards (for example: infectious agents, insects, plants, animals, solid waste)
3. Chemical and gaseous hazards (for example: poisons, air pollution, water pollution, industrial pollution, asbestos)
4. Social, political, and economic influences (for example: crowded environments, poverty, violence, limited access to health care, allocation of resources, in- and out-migration, availability of public housing and shelters, racial/ethnic mix, age and gender distribution, employment/unemployment, crime, violence)

## B. Nursing process

1. Assessment — identification of hazards and their effect on the health of a community
2. Analysis (diagnosis) — potential and actual diagnoses (for example: risk for lead poisoning related to old housing)
3. Planning — development of interventions at primary, secondary, and tertiary levels
4. Implementation — creating community support for programs to reduce environmental hazards (for example: legislation for clean air, environmental monitoring for pollutants)
5. Evaluation — determining effectiveness of interventions (for example: effectiveness of teaching regarding food sanitation)

# V. Environmental Health

## A. Environmental influences on health

1. Physical hazards (for example: radiation; lead and other heavy metals; noise; safety issues such as need for seat belts, bicycle helmets; monitoring for pollutants)

# VI. Community Health Nursing in Specialized Settings

## A. School health nursing

1. Roles and responsibilities of the school health nurse (for example: screening for vision, hearing, scoliosis; providing health education; collaborating with teachers; anticipatory guidance; immunization surveillance; developmental tests; nutritional appraisal; physical fitness appraisal; family assessment)

2. Assessment in the school setting
3. Common health problems (for example: eating disorders, substance abuse, communicable diseases, seizure disorders, asthma, head lice, attention-deficit hyperactivity disorder, developmental delays, children with special needs)
4. Levels of prevention
  - a. Primary prevention (for example: immunization, school safety, nutrition)
  - b. Secondary prevention (for example: scoliosis screening, counseling, and treatment)
  - c. Tertiary prevention (for example: rehabilitative programs for children with chronic illness)

## **B. Occupational health nursing**

1. Roles and responsibilities of the occupational health nurse (for example: screening for hypertension, hearing, respiratory problems; identifying hazards; making referrals; counseling; providing health education; wellness inventories)
2. Assessment in the work setting — use of epidemiologic model to examine potential risk factors
3. Common health problems (for example: lung diseases, musculoskeletal problems, noise-induced hearing loss, cardiovascular problems, trauma, skin conditions)
4. Levels of prevention
  - a. Primary prevention (for example: nutrition, exercise, or stress management programs; influenza or hepatitis B immunization programs; safety education)
  - b. Secondary prevention (for example: preemployment and periodic screening for respiratory or blood problems, employee assistance programs, treatment of existing health problems)

- c. Tertiary prevention (for example: preventing recurrence of health problems such as musculoskeletal injury, preventing spread of communicable diseases)

## **C. Rural health nursing**

1. Roles and responsibilities of the rural health nurse (for example: identifying hazards, screening for skin cancer, involvement of resources in rural community, triaging for emergency care)
2. Settings for rural health nurses (for example: working with clients who are migrant workers, clients who live on farms, clients who live in Appalachia)
3. Assessment in the rural setting (for example: populations at risk [young and old], occupational hazards, stress, isolation, substance abuse, health care system)
4. Common health problems (for example: accidents, sun exposure, lung disease, hearing loss, adolescent pregnancy, sexually transmitted diseases [STDs], stroke, diabetes, obesity, smoking, alcoholism, limited access to health care, communicable diseases, hepatitis, pesticide exposure, interrupted immunization schedules, limited access to health care)
5. Levels of prevention
  - a. Primary prevention (for example: accident prevention, family planning, sex education for children, health teaching)
  - b. Secondary prevention (for example: screening for health problems, environmental health screening, advocacy for rural health programs)
  - c. Tertiary prevention (for example: case management of clients with chronic conditions, involvement of family in care and rehabilitation)

**D. Disaster nursing**

1. Roles and responsibilities of the community health nurse (for example: providing triage, providing immediate care, providing supportive care, providing crisis intervention)
2. Stages of disaster response
  - a. Pre-event response — activities that occur prior to a disaster (for example: planning, warning, preimpact mobilization)
  - b. Post-event response — response during and immediately following disaster such as rescue and care of victims
  - c. Recovery response — responses needed to return to normal (for example: restoration, reconstitution, mitigation)
3. Principles of disaster planning
4. Assessment in the disaster setting (for example: examining preparation for disasters, potential for disaster, and effectiveness of plan)
5. Preparedness and the prevention of disasters (for example: preparedness checklist, WHO)
6. Levels of prevention
  - a. Primary prevention — preimpact mobilization to prevent or limit consequences of disaster risk factors
  - b. Secondary prevention — measures at individual level (for example: triage, treatment of victims) and community level (for example: shelter and food)
  - c. Tertiary prevention — counseling with effect after immediate disaster and work to prevent future disasters

**VII. Common Community Health Problems and Populations at Risk****A. Substance abuse**

1. Scope of the problem (for example: commonly abused substances, risk factors, street drug addiction, medically prescribed addiction, alcoholism)
2. Effects of substance abuse (for example: personal, family, and societal effects; escape patterns such as suicide; divorce; dependency patterns such as welfare and adolescent pregnancy)
3. Levels of prevention
  - a. Primary prevention (for example: Parent Effectiveness Training, Big Brothers/Big Sisters, support groups, teaching coping skills, public awareness campaigns)
  - b. Secondary prevention — case finding, early referral for treatment, educating public on signs of abuse
  - c. Tertiary prevention — refer to support groups, vocational rehabilitation
4. National health objectives related to substance abuse (for example: reduce drug-related deaths to less than three per 100,000, decrease cigarette smoking)

**B. Communicable diseases**

1. Common communicable diseases (for example: childhood diseases, STDs, encephalitis, influenza, Lyme disease, hepatitis, HIV, tuberculosis, waterborne infections, foodborne infections, chickenpox/herpes zoster)
2. Epidemiology of communicable diseases
  - a. General concepts
    - (1) Causation
    - (2) Chain of infection — series of events leading to development of communicable disease

- (3) Modes of transmission — the means by which disease is spread
    - (a) Airborne transmission (for example: measles and chickenpox)
    - (b) Fecal-oral transmission (for example: salmonella, hepatitis A)
    - (c) Direct contact (for example: lice, impetigo)
    - (d) Sexual transmission (for example: gonorrhea, HIV/AIDS)
    - (e) Transmission by direct inoculation (for example: HIV/AIDS, hepatitis B & C)
    - (f) Transmission by other means (for example: malaria, tetanus)
  - (4) Portals of entry and exit
  - (5) Incubation and prodromal periods
  - (6) Active and passive immunity (for example: polio vaccine or gamma globulin)
  - b. Principles of communicable disease control
    - (1) Prevent spread of infection (for example: use of adequate ventilation)
    - (2) Decrease exposure (for example: isolation principles)
    - (3) Increase host resistance (for example: immunization, measures to improve health)
  3. Roles and responsibilities of the community health nurse (for example: screening, controlling communicable diseases)
  4. Levels of prevention
    - a. Primary prevention (for example: school-based clinics, Planned Parenthood, home visits, school health education, child development programs, immunization, water treatment, vector control, health department food inspection)
    - b. Secondary prevention (for example: STD, HIV, and tuberculosis screening at the local level; high-risk clinics; prompt treatment; long-term public treatment for tuberculosis)
    - c. Tertiary prevention — curtailing spread of infection and long-term sequelae
  5. National health objectives related to communicable diseases (for example: reduce number of cases of tetanus and diphtheria in persons under 25 to zero, immunize 90% of children)
- C. Violence**
1. Theories of assaultive violence (for example: biological, psychological, sociological, multifactorial)
  2. Scope of the problem (for example: child abuse, spouse abuse, elder abuse, homicide, suicide, sexual abuse/assault, criminal activity)
  3. Roles and responsibilities of the community health nurse (for example: assessing for violence, education, support, referral, legal responses)
  4. Nursing Process
    - a. Assessment (for example: assessing for risk factors; evidence of child, elder, or spousal abuse)
    - b. Analysis (diagnosis) (for example: at individual or community level)
    - c. Planning and implementing care
      - (1) Primary prevention (for example: gun control, parenting classes, treating substance abuse, providing emotional support, improving coping skills)

- (2) Secondary prevention (for example: protecting victim, reporting suspected abuse, treating abuser)
  - (3) Tertiary prevention (for example: parenting classes for abusive individuals, support groups, respite services for elder care)
- d. Evaluation — individual, community and national
- 5. National health objectives related to violence (for example: reduce homicide to no more than 7.2 per 100,000 population, reduce physical abuse of women to no more than 27 per 1,000 couples)

#### D. Chronic health problems

- 1. Scope of the problem (for example: risk, economic concerns, morbidity, early mortality)
- 2. Common chronic health problems (for example: asthma, arthritis, COPD, peripheral vascular disease, cardiovascular disease, cerebrovascular disease, cancer, diabetes mellitus, mental health problems, depression)
- 3. Epidemiology of chronic health problems
  - a. General concepts
    - (1) Natural history of chronic disease — body's response from time of exposure to agent to development of clinical signs and symptoms
      - (a) Latency — the time during which the disease is developing at cellular level, but person has no symptoms
      - (b) Onset — appearance of recognizable symptoms of chronic illness

- (2) Levels of prevention
    - (a) Primary prevention (for example: weight control, prevention of smoking, exercise, stress reduction programs)
    - (b) Secondary prevention (for example: screening for early symptoms, early diagnosis)
    - (c) Tertiary prevention (for example: support groups, rehabilitation programs, vocational rehabilitation)
- b. Strategies for chronic disease control (for example: risk identification and reduction, development of health promotion programs)

- 4. Effects of chronic health problems (that is, personal, family, and societal effects)
- 5. Roles and responsibilities of the community health nurse in controlling chronic health problems (for example: advocacy, referral to support groups, education, case management, caregiver role)
- 6. National health objectives related to chronic health problems (for example: increase percentage of people engaged in regular exercise, reduce smoking, increase seat belt and helmet use)

#### E. Maternal/child health problems

- 1. Common community health problems related to maternal/child health (for example: low-birth-weight infants, lead poisoning, congenital anomalies, adolescent pregnancy, delayed parenting, impaired fertility, abortion)
- 2. Scope of the problem (for example: risk factors, problems of poverty, access to care, sexually transmitted diseases)
- 3. Effects (that is, personal, family, and societal effects)

4. Roles and responsibilities of the community health nurse (for example: providing screening, education; acting as caregiver, advocate, case-finder)
5. Levels of prevention
  - a. Primary prevention (for example: WIC program, sex education and pregnancy prevention programs in high school, fertility control)
  - b. Secondary prevention (for example: screening for breast cancer, cervical cancer, sexually transmitted diseases)
  - c. Tertiary prevention (for example: rehabilitation, referral, prevention of additional unplanned pregnancies)
6. National health objectives related to maternal/child health problems (for example: reduce teen-age pregnancy to less than 50 per 1,000 girls, reduce smoking in women to less than 15%)

#### **F. Homelessness**

1. Definition of population group — individual who lacks fixed regular and adequate residence, and who uses a nighttime shelter or place not intended for sleeping or is forced to live with family or friends
2. Scope of the problem — not a homogenous group but one that includes chronically mentally ill street people, substance abusers, and the situationally homeless
3. Assessing the health needs of clients who are homeless (for example: effects on young and old, chronic health problems, inadequate housing)
4. Common health problems of clients who are homeless (for example: skin diseases, depression, mental illness, lead poisoning, nutritional problems, accidents, violence, lice, tuberculosis)

5. Adapting nursing care to meet the health care needs of clients who are homeless (for example: access to health services, acceptability of services, food supplement programs, availability of shelters, rhythm of street activities, child health care services)

#### **G. Poverty**

1. Definition of population group — federal definitions of poverty levels
2. Scope of the problem (for example: women, children, rural poor, migrants, in retirement)
3. Assessing the health needs of clients who are living in poverty (for example: the uninsured, access to health care, continuity, advocacy)
4. Common health problems of clients who are living in poverty (for example: malnutrition, communicable diseases, hepatitis, inadequate immunizations, infant mortality, foodborne diseases)
5. Adapting nursing care to meet the health care needs of clients who are living in poverty (for example: access to health services, acceptability of services, food supplement programs, availability of public housing, employment/unemployment patterns)

#### **H. End-of-life care**

1. Ethical issues (for example: client autonomy, advance directives, termination of support)
2. Scope of the problem
3. Philosophy of hospice (for example: quality of life, pain control, volunteers)
4. Effects (that is, personal, family, and societal effects)
5. Roles and responsibilities of the community health nurse — caregiver, case manager, counselor



## Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on page 41.

1. Which statement most accurately describes the ANA *Standards of Community Health Nursing Practice*?  
The standards
  - 1) provide specific guidelines for physical care of clients in the home setting.
  - 2) provide criteria for evaluating the quality of care delivered.
  - 3) are distinct from general principles of nursing.
  - 4) delineate the specific legal practice of nursing in the community health setting.
2. The community health nurse has just received a referral on a 76-year-old client who was recently discharged to home after suffering a stroke. The client's spouse is frail but capable of self-care. Which activity is typical of the community health nurse in the role of case manager, as differentiated from that of coordinator?
  - 1) contacting the speech pathologist and the occupational and physical therapist to establish a schedule of visits for the client
  - 2) identifying needs and arranging for the client to have a shower chair, a home health aide, and homemaker services
  - 3) scheduling a case conference involving the client, the physician, a speech pathologist, and occupational and physical therapists
  - 4) discussing with the physical therapist the client's hesitation about using the walker when the therapist is not present
3. Which statement best illustrates client advocacy at the national level for universal health care access?
  - 1) joining a professional nursing organization that lobbies for health care for all
  - 2) writing a letter to the editor of a local newspaper encouraging employer provision of health insurance
  - 3) picketing an employer who does not provide health benefits to employees
  - 4) encouraging a client to apply for the Women, Infants, and Children (WIC) program
4. Measuring the appropriateness of the use of resources is an example of what aspect of process evaluation?
  - 1) effectiveness
  - 2) efficiency
  - 3) effort
  - 4) impact
5. While conducting a community assessment, the nurse learns that 90 percent of the physicians would not take Medicaid clients because of the paperwork involved and the length of time between service and payment. What is the best community diagnosis?
  - 1) decreased risk of fraud as shown by a low number of Medicaid clients
  - 2) increased risk of health problems attributable to physicians' refusal to see Medicaid clients
  - 3) need-service match because of the number of physicians for non-Medicaid clients
  - 4) need-service mismatch related to bureaucratic barriers

6. When a nurse is developing clinical protocols for older adult women with a history of fractures, which nursing activity focuses on secondary prevention?
  - 1) assessing the home environment
  - 2) teaching dietary modification
  - 3) referring for bone-density examination
  - 4) counseling clients about sensory changes
7. While conducting a windshield survey of River City, the nurse notes that several police cars are visible cruising around town, numerous downtown stores have closed, 25 to 30 young people are waiting for the soup kitchen to open, and the streets contain many potholes. Which community diagnosis should be given highest priority by the nurse?
  - 1) high potential for crime as shown by the number of police cars cruising the streets
  - 2) high potential for motor vehicle accidents because of poorly maintained streets
  - 3) increased risk of health problems because of unemployment and a poor economy
  - 4) increased risk of violence as shown by the number of young people whose basic needs are unmet
8. While analyzing the data from a community assessment, the nurse notes that the segment of the population with the greatest growth is the group age 65 and over. What is the primary implication related to this data?
 

There likely will be an increased need for

  - 1) health services.
  - 2) leisure-time programs.
  - 3) educational opportunities.
  - 4) retirement planning services.
9. Which action best demonstrates cultural accommodation?
  - 1) A client consistently comes on time for clinic appointments as a result of the nurse's teaching.
  - 2) The nurse assists clients in integrating folk remedies into their health care regimens.
  - 3) The nurse refers an immigrant client to an English as a Second Language (ESL) class.
  - 4) Prenatal classes are planned at a time convenient for fathers to attend.
10. A Chinese American client who follows traditional culture has been prescribed an antidepressive medication for a severe depressive illness. After a period of time, the family brings the client to the clinic. In evaluating the intervention, why would the nurse ask the client if the prescribed dosage is relieving the symptoms?
  - 1) Larger doses of psychotropic medications may be necessary in clients of Asian background.
  - 2) The client may refuse to take the drugs because of religious beliefs.
  - 3) Evaluation of a therapeutic regimen is a key component of the nursing process.
  - 4) Asian clients may experience extrapyramidal effects at lower doses.
11. Which assessment action on the part of the community health nurse could make use of Dever's epidemiologic model as an organizing framework, but could not be addressed using the epidemiologic triad model?
  - 1) assessing biological risk factors of a client with a family history of coronary heart disease and diabetes
  - 2) assessing factors that place a family at economic risk after a change in employment status of the major provider
  - 3) assessing the risk factors and associated health outcomes of families who are homeless and lack access to health care
  - 4) assessing the impact of sidestream smoke on the health of families with members who are heavy smokers

12. Which important factor contributes to the development of Lyme disease?
  - 1) season of the year
  - 2) immunization status of the population
  - 3) population density
  - 4) maturation and aging
13. After analyzing assessment data, the nurse develops a program to improve the health of a community and to meet national health objectives related to environmental health. Which action best reflects these goals?
  - 1) attending town council meetings to solicit monetary support for community-wide blood glucose screenings for undiagnosed diabetes
  - 2) collecting soil samples from each square mile in the community to test for contamination resulting from improper waste disposal
  - 3) organizing community support to lobby state legislators to require posting of information related to presence of lead-based paint in all buildings offered for sale
  - 4) scheduling health fairs at religious and service organizations throughout the community to check blood pressures and provide educational information on hypertension
14. Community members have been experiencing nausea and diarrhea because of using and drinking groundwater contaminated by sewage. Which initial action should the nurse take to resolve this problem?
  - 1) Alert community members to boil water for 15 minutes before using it.
  - 2) Collaborate with the town engineer to eliminate the contamination.
  - 3) Lobby legislators to pass legislation requiring sewage treatment.
  - 4) Provide supplies of Compazine and Lomotil to control nausea and diarrhea.
15. Which statement about natural radiation is accurate?
  - 1) Ionizing radiation derives from sources several miles above the earth.
  - 2) Natural radiation is harmless to human beings.
  - 3) Radon accounts for most human exposure to ionizing radiation.
  - 4) Diagnosis of illness induced by natural radiation shows a direct causal relationship.
16. The occupational health nurse determines that there is an increased incidence of hypertension among workers in an industry. Which initial action should the nurse take?
  - 1) Set up a blood pressure screening clinic for all the workers to determine the extent of the problem.
  - 2) Investigate whether a factor in the setting is responsible for the problem.
  - 3) Make sure the workers who have hypertension have access to care and then monitor compliance.
  - 4) Provide all employees with information about the dangers of hypertension.
17. The rural health nurse has determined that the community has inadequate emergency care. Which action would be most appropriate for the nurse to take?
  - 1) Inform the community that their emergency health care system is inadequate.
  - 2) Wait for an emergency situation before taking action.
  - 3) Lobby the community to build a hospital in their immediate area.
  - 4) Develop protocols to assist other nurses in emergency care situations.
18. Which is considered a primary preventive measure in school health nursing?
  - 1) making referrals to child protective agencies
  - 2) providing immunizations if necessary
  - 3) screening for existing health problems
  - 4) preventing recurrence of acute problems

19. Which group of health assessment areas should receive priority in a client with a history of long-term use of cocaine?
  - 1) nutrition, sleep and rest, mental status
  - 2) sexuality, gastrointestinal, vision and hearing
  - 3) cardiovascular, respiratory, memory
  - 4) musculoskeletal, neurological, oral cavity
20. The visiting nurse has been caring for a child with neuroblastoma who is now entering the terminal stages of the disease process. What is the most appropriate action for the nurse to take at this time?
  - 1) Discuss referral to hospice services with the child's family.
  - 2) Encourage the parents to sign a do-not-resuscitate order.
  - 3) Suggest that the child's family become involved in a cancer support group.
  - 4) Teach the family a variety of options for pain control.
21. Which national health objective from *Healthy People 2000* is related to poverty?
  - 1) improvement of local health department services nationwide
  - 2) compliance with nutritional guidelines by food services for school-age children
  - 3) provision of a guaranteed annual income for all citizens
  - 4) access to preschool programs for all disadvantaged children
22. The child protective agency asks for services for a family whose two-year-old child fell off the balcony of a second-story apartment. The child suffered only a broken collarbone. The parents are very concerned and say that they had asked the landlord to fix the balcony, but got no help. How would this incident be classified?
  - 1) child neglect
  - 2) physical abuse
  - 3) child maltreatment
  - 4) medical neglect

## Learning Resources for Health Support B

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 18. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

### Recommended Resources

#### Primary Textbook

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange.

This text provides a thorough introduction to community health nursing and aspects of this practice specialty. This book also provides a summary listing of the national health objectives that have been specified for the year 2000. A computer disk is provided as a study aid.

#### Supplemental Textbooks

Benenson, A. (1995). *Control of communicable disease in man* (16th ed.). New York: American Public Health Association.

This manual provides specific information about communicable diseases. Organized alphabetically, the manual presents each disease with a standardized format. Content includes identification of the disease, principal clinical features, laboratory diagnostic procedures, occurrence, reservoir, mode of transmission, incubation period, period of communicability, and methods of control.

Edelman, C., & Mandle, C. (1998). *Health promotion throughout the lifespan* (4th ed.). St. Louis: Mosby.

This text is based on the *Healthy People 2000* goals, objectives, and strategies. It provides a developmental approach to health data and includes nursing interventions at the primary (health promotion and specific protection) and secondary levels of prevention. This text is also used for the Excelsior College Examination in Health Support A: Health Promotion & Health Protection and for the Health Assessment and Teaching Performance Examination (HATPE).

Giger, J., & Davidhizar, R. (1995). *Transcultural nursing: Assessment and intervention* (2nd ed.). St. Louis: Mosby.

This book was written for nurses and nursing students who are interested in developing a knowledge of transcultural concepts to apply to client-centered care. During the last three decades, nurses have begun to develop an appreciation for the need to incorporate culturally appropriate clinical approaches into the daily routine of client care. This book provides a systematic approach to this aspect of client care. This text will be useful in preparing for Content Area III, The Social/Cultural Environment.

Purnell, L.D., & Paulanka, B.J. (1998). *Transcultural health care: A culturally competent approach*. Philadelphia: F.A. Davis.

This text presents Purnell's model for cultural competence to aid the nurse in learning about cultural groups and avoiding stereotyping. It presents selected characteristics of various cultural groups. This book is also used for the Health Assessment and Teaching Performance Examination (HATPE).

Smeltzer, S., & Bare, B. (1996). *Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.). Philadelphia: J.B. Lippincott.

This textbook makes extensive use of diagrams, tables, photographs, charts, and nursing care plans to present information. Each chapter begins with learning objectives and ends with critical-thinking activities and a bibliography. Many color photographs are included. The textbook includes a free self-study disk that contains sample test questions along with rationales for the correct answer.

Valanis, B. (1992). *Epidemiology in nursing and health care* (2nd ed.). Norwalk, CT: Appleton & Lange.

Epidemiology provides ways of thinking about health and disease and tools for critical appraisal of the medical, nursing, and public health literature. This text provides an introduction to the concepts and methods of epidemiology and to issues in the application of epidemiology to clinical practice, public health, and health administration. This text will be useful in studying for Content Area IV, Epidemiology.

Wong, D. (1999). *Whaley & Wong's Nursing care of infants and children* (6th ed.). St. Louis: Mosby.

This textbook covers theoretical and therapeutic interventions for the child within the context of normal growth and development and family interaction, as well as deviations from normal system functioning. The text provides broad coverage of individual, family, and community influences on health/illness states. Key terms are highlighted throughout the text. A study guide is available.

## Journal Articles

The articles listed below are arranged according to the content area to which they most apply. You are encouraged to read widely and review other articles of interest.

### I. Foundations of Community Health Nursing

- Ammerman, A., & Parks, C. (1998). Preparing students for more effective community interventions: Assets assessment. *Family and Community Health*, 21(1), 32–45.
- Kang, R. (1995). Building community capacity for health promotion: A challenge for public health nurses. *Public Health Nursing*, 12(5), 312–318.

### II. Community as Client

- Lindell, D.F. (1997). Community assessment for the home healthcare nurse. *Home Healthcare Nurse*, 15(9), 618–628.
- Stevens, P.E. (1996). Focus groups: Collecting aggregate-level data to understand community health phenomena. *Public Health Nursing*, 13(3), 170–176.

### III. The Social/Cultural Environment

- Chen, Y.D. (1996). Conformity with nature: A theory of Chinese American elders' health promotion and illness prevention processes. *Advances in Nursing Science*, 19(2), 17–26.
- Harvey, A.R., & Rauch, J.B. (1997). A comprehensive Afrocentric rites of passage program for black male adolescents. *Health and Social Work*, 22(1), 30–37.
- Duffy, S.A., Bonino, K., Gallup, L., & Pontseele, R. (1994). Community baby shower as a transcultural nursing intervention. *Journal of Transcultural Nursing*, 5(2), 38–41.
- Sworts, V.D., & Riccitelli, C.N. (1997). Health education lessons learned: The H.A.P.I. Kids Program...Healthy Asian and Pacific Islander Kids Program. *Journal of School Health*, 67(7), 283–285.

### IV. Epidemiology

- Needleman, C. (1997). Applied epidemiology and environmental health: Emerging controversies. *American Journal of Infection Control*, 25(3), 262–274.
- Susser, M., & Susser, E. (1996). Choosing a future for epidemiology: I. Eras and paradigms...including commentary by Koopman, J.S. *American Journal of Public Health*, 86(5), 668–673, 630–632.
- Pastides, H. (1994). Managing measurable and perceived risk in the occupational setting. *Journal of Ambulatory Care Management*, 17(2), 44–52.
- Susser, M., & Susser, E. (1996). Choosing a future for epidemiology: II. From black box to Chinese boxes and eco-epidemiology...including commentary by Koopman, J.S. *American Journal of Public Health* 86(5), 674–677, 630–632.

## V. Environmental Health

- Carruth, A.K., Gilbert, K., & Lewis, B. (1997). Environmental health hazards: The impact on a southern community. *Public Health Nursing, 14*(5), 259–267.
- King, C., & Harber, P. (1998). Community environmental health concerns and the nursing process: Four environmental health nursing care plans. *AAOHN Journal, 46*(1), 20–27.
- Kotchian, S.B. (1995). Environmental health services are prerequisites to health care. *Family and Community Health, 18*(3), 45–53.
- Neufer, L. (1994). The role of the community health nurse in environmental health. *Public Health Nursing, 11*(3), 155–162.
- Sattler, B. (1996). Occupational and environmental health: From the back roads to the highways...including commentary by Love, C. *AAOHN Journal, 44*(5), 233–237.

## VI. Vulnerable Population Groups

- Clark, L., Marsh, G.W., Davis, M., Igoe, J., & Stember, M. (1996). Adolescent health promotion in a low-income, urban environment. *Family and Community Health, 19*(1), 1–13.
- Duffy, M.E., Bissonnette, A.M., O'Brien, E., & Townsend, D. (1996). Ending elder homelessness: One city's solution. *Journal of Long Term Home Health Care, 15*(4), 38–47.

## VII. Community Health Nursing in Specialized Settings

- Craig, C. (1994). Community determinants of health for rural elderly. *Public Health Nursing, 11*(4), 242–246.
- Dahl, S., Gustafson, C., & McCullagh, M. (1993). Collaborating to develop a community-based health service for rural homeless persons. *Journal of Nursing Administration, 23*(4), 41–45.
- Larned, C. (1997). Crash survivors experiences. *A Journal of Prevention Assessment and Rehabilitation, 8*(3), 267–270.
- Slagle, M.W., Sun, S.M., & Mathis, M.G. (1998). A conceptual model of occupational health nursing: The resource model. *AAOHN Journal, 46*(3), 121–126.
- Worley, N.K., & Sloop, T. (1996). Psychiatric nursing in a rural outreach program. *Perspectives in Psychiatric Care, 32*(2), 10–14.
- Yoder, R.E., Preson, D.B., & Forti, E.M. (1997). Rural school nurses' attitudes about AIDS and homosexuality. *Journal of School Health, 67*(8), 341–347.



### VIII. Common Community Health Problems

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# Notes

## Excelsior College Examination Development Committee in Health Support B: Community Health Nursing

Linnea Jatulis, PhD, RN (State University of New York at Albany, Program Development and Evaluation, 1989) retired from Russell Sage College

Ramona Mae Leslie, MS, RN (Russell Sage College, Medical-Surgical Nursing, 1975)  
Nurse Educator, Excelsior College

Cecilia Mulvey, PhD, RN (Syracuse University, Community Health, 1986)  
Associate Professor of Nursing, Syracuse University, Maxwell School of Nursing

Paula Scharf, PhD, RN (New York University, Nursing Research and Theory Development, 1986)  
Associate Professor of Nursing, Pace University

Ann Weitzel, MS, RN (University of Rochester, Community Health Nursing, 1980)  
Assistant Professor of Nursing, State University of New York College at Brockport

### Key To Sample Questions

Question	Key	Content Area <sup>1</sup>	Question	Key	Content Area <sup>1</sup>
1	2	IA	12	1	IVD
2	2	ID	13	3	VA
3	1	ID	14	1	VB
4	2	IIE	15	3	VA
5	4	IIB	16	2	VIB
6	3	IIB/C	17	4	VIC
7	3	IIB	18	2	VIA
8	1	IIB	19	1	VIIA
9	2	IIIB	20	1	VIIIF
10	4	IIIB	21	4	VIIIB
11	3	IVB	22	1	VIIC

<sup>1</sup>Content Area refers to the location of the question topic in the content outline.

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<b>Arts and Sciences</b>		<b>Nursing: Associate Level</b>	
Abnormal Psychology† . . . . .	3*	Differences in Nursing Care: Area A (modified)①. . . . .	4
American Dream† . . . . .	6*	Differences in Nursing Care: Area B①. . . . .	5
Anatomy & Physiology† . . . . .	6	Differences in Nursing Care: Area C②. . . . .	5
English Composition†. . . . .	6	Fundamentals of Nursing** . . . . .	8
Ethics: Theory & Practice† . . . . .	3*	Maternal & Child Nursing (associate)** . . . . .	6
Foundations of Gerontology . . . . .	3*	Maternity Nursing** . . . . .	3
History of Nazi Germany†. . . . .	3*	Nursing Concepts 1. . . . .	4
Life Span Developmental Psychology† . . . . .	3	Nursing Concepts 2. . . . .	4
Microbiology†. . . . .	3	Nursing Concepts 3. . . . .	4
Organizational Behavior . . . . .	3*	Occupational Strategies in Nursing② . . . . .	3
Pathophysiology . . . . .	3*		
Psychology of Adulthood & Aging . . . . .	3*	<b>Nursing: Baccalaureate Level</b>	
Religions of the World†. . . . .	3*	Adult Nursing** . . . . .	8*
Research Methods in Psychology† . . . . .	3*	Health Restoration: Area I. . . . .	4*
Statistics†. . . . .	3	Health Restoration: Area II . . . . .	4*
World Population† . . . . .	3*	Health Support A: Health Promotion & Health Protection . . . . .	4*
<b>Business</b>		Health Support B: Community Health Nursing. . . . .	4*
Business Policy & Strategy . . . . .	3△	Maternal & Child Nursing (baccalaureate)** . . . . .	8*
Ethics: Theory & Practice . . . . .	3*	Professional Strategies in Nursing . . . . .	4*
Human Resource Management. . . . .	3*	Psychiatric/Mental Health Nursing** . . . . .	8*
Labor Relations. . . . .	3*	Research in Nursing† . . . . .	3*
Organizational Behavior . . . . .	3*		
Production/Operations Management. . . . .	3△		
<b>Education</b>			
Reading Instruction in the Elementary School . . . . .	6*		

\* Indicates upper-level college credit. \*\*These examinations do not apply toward the Excelsior College Nursing Degrees.  
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